

Exhibit

DECLARATION OF TIMOTHY W. REPASS

1. I am over the age of 18 and am competent to testify to the facts contained in this declaration. I have personal knowledge of all of the facts contained in this declaration, and they are all true and correct.

2. TNT supervisors reminded me and other crane operators routinely in safety meetings and trainings of the risk of dehydration and heat injuries.

3. TNT required me and other crane operators to complete Job Safety Analysis forms on each job identifying the most prominent hazards associated with the work tasks, including dehydration, and the method to prevent dehydration, which was constantly hydrating.

4. In order to prevent hydration and heat injuries by constantly hydrating, crane operators including myself obtained water or ice on a daily or near daily basis either from one of TNT's yards or from a store or gas station.

5. TNT provided me and other crane operators with company credit cards and instructed us to use the credit cards to purchase water and ice, along with fuel for our cranes and other materials we regularly needed to purchase in order to perform our work operating cranes whenever we were working too far away to pick up those items from one of TNT's yards.

I declare under penalty of perjury that the foregoing statements are true and correct.

Date: Oct 20, 2021


Tim Repass (Oct 20, 2021 13:57 CDT)

Timothy W. Repass

Exhibit Z



Job Safety Analysis



Risk To

Date / Time 6/16/18 Customer OXY USA INC Location Black BTBB IN 114 Equipment # 200-07

Safety Shower / Eye Wash Location Safety Trailer Assembly Area Entrance North of Location

Task to be Performed: Lift operations to support coiled tubing

Steps to Complete the Task	Hazards Associated with the Task	Methods of Eliminating Listed Hazards
<u>Inspect crane</u>	<u>Serious Injury or Death to personnel</u>	<u>Keep nonessential personnel away from crane</u>
<u>Raise lower swing</u>	<u>- Overhead lift suspended loads</u>	<u>Don't work, walk or stand under suspended load or base. Be aware of body position when swinging load. Be aware of stored energy if crane is side loaded.</u>
<u>Injectorhead as directed</u>	<u>- pinch points</u>	<u>Use tagline to control lift. Be aware of hand placement. Keep eyes on lift at all times.</u>
	<u>- Stored Energy</u>	<u>Inform operator of all changes / issues with lift.</u>
	<u>- hand, hand injuries</u>	<u>Keep eyes for lightning, wind speed 30 mph.</u>
	<u>- Wind, weather, lightning</u>	<u>Inspect crane rigging properly.</u>
	<u>Poor Communication</u>	<u>Be aware of uneven surfaces 3 ft contact when climbing.</u>
	<u>Crane / Rigging Failure</u>	<u>Drink plenty of water.</u>
	<u>Slip Trips Falls</u>	
	<u>Heat Injuries</u>	

Protection Needed to Perform Task Safely, (Check Box if Needed)

<input checked="" type="checkbox"/> Fall Protection	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> LOTO Equipment	<input checked="" type="checkbox"/> Tag Lines	<input checked="" type="checkbox"/> Vests	<input type="checkbox"/> FRC	<input type="checkbox"/> Spotter	<input type="checkbox"/> Air Monitors
<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Rescue Equipment	<input type="checkbox"/> Swing Radius Protection	<input checked="" type="checkbox"/> Lift Drawings/Sketches	<input type="checkbox"/> Respirators (FIT Test)			
<input checked="" type="checkbox"/> Area Barricades	<input checked="" type="checkbox"/> Pre-Task Equipment Inspections	<input checked="" type="checkbox"/> Power Line Precautions	<input type="checkbox"/> Permit Required	<input checked="" type="checkbox"/> Goggles			
<input type="checkbox"/> Overhead Obstruction Precautions	<input checked="" type="checkbox"/> Proper Mats / Cribbing	<input checked="" type="checkbox"/> Protection from Underground Utilities/Excavations					
Other _____							

Personnel (If Applicable List Names in Spaces Provided)

Are all personnel involved qualified/certified for the task? ☒ Yes Supervisor _____

Crane / Equipment Operator Nest Fontana Signal Person N/A Spotter N/A

A/D Supervisor N/A Rigger N/A Other N/A

Will a personnel basket be used ☐ Yes ☒ No If yes has the man basket permit been completed ☒ Yes

Attendees must sign in (and initial out if applicable) ☒ Check Box if Fall Protection Equipment was Issued & Inspected

Name	✓	Company	Name	✓	Company
<u>Nest Fontana</u>		<u>TNT</u>			
<u>David DeSola</u>		<u>OXY</u>			
<u>John Garcia</u>					
<u>Jonathan Hernandez</u>		<u>MSS</u>			



TNT Safety Analysis



Date/Time 3/16/20 5:00 AM Customer Cherren Location DR Pad 21 ^{orla} Tk Equipment # 24013

Safety Shower/Eye Wash Location Trailer Assembly Area Entrance

Task to be Performed: Wireline

Steps to Complete the Task	Hazards Associated with the Task	Methods of Eliminating Listed Hazards
<u>Inspect Crane</u>	<u>Crane malfunction</u>	<u>Thorough Inspection</u>
<u>Lift Lub on/off well</u>	<u>Overhead load</u> <u>Crush Points</u>	<u>Don't Stand under load</u> <u>watch Body Placement</u>
<u>Change tools in lub</u>	<u>Line of Fire</u> <u>Pinch Points</u>	<u>Stay out of line of fire</u> <u>watch hand Placement</u>
<u>Weather</u>	<u>Dehydration</u>	<u>Drink Plenty Fluids</u>
<u>Everyone</u>	<u>Has Stop Work</u>	<u>Authority</u>

Protection Needed to Perform Task Safely. (Check Box if Needed)

- ☐ Fall Protection
 ☒ Gloves
 ☒ LOTO Equipment
 ☒ Tag Lines
 ☒ Vests
 ☒ FRC
 ☒ Spotter
 ☒ Air Monitors
☒ Hearing Protection
☐ Rescue Equipment
☒ Swing Radius Protection
☐ Lift Drawings/Sketches
☒ Respirators (FIT Test)
☒ Area Barricades
☒ Pre-Task Equipment Inspections
☐ Power Line Precautions
☐ Permit Required
☐ Goggles
☐ Overhead Obstruction Precautions
☒ Proper Mats / Cribbing
☐ Protection from Underground Utilities / Excavations
☐ Other _____

Personnel (If Applicable List Names in Spaces Provided)

Are all personnel involved qualified/certified for the task? ☒ Yes Supervisor Christian arrayo
 Crane / Equipment Operator Derek Bentley Signal Person Raydell Bland Spotter _____
 A/D Supervisor Rigger Raydell Bland Other _____
 Will a personnel basket be used ☐ Yes ☒ No If yes has the man basket permit been completed ☐ Yes
 Will Hands on Load be required? ☐ Yes ☒ No If yes, has a Hands on Hazard Analysis form been completed? ☐ Yes

Attendees must sign in (and initial out if applicable) ☒ Check Box if Fall Protection Equipment was Issued & Inspected

Name	✓	Company	Name	✓	Company
<u>James Estrella</u>		<u>NXT</u>			
<u>Brian Raynor</u>		<u>NXT</u>			
<u>James Calk</u>		<u>NXT</u>			
<u>Raydell Bland</u>		<u>NXT</u>			
<u>Raydell Bland</u>	<u>Rig</u>	<u>TNT</u>			

Task to be Performed: 2d mini excavator

get
plate.

☐ Fall Protection ☒ Gloves ☐ LOTO Equipment ☒ Tag Lines ☒ Vests ☐ FRC ☒ Spotter ☐ Air Monitors
☐ Hearing Protection ☐ Rescue Equipment ☒ Swing Radius Protection ☐ Lift Drawings/Sketches ☐ Respirators (FIT Test)
☒ Area Barricades ☒ Pre-Task Equipment Inspections ☐ Power Line Precautions ☐ Permit Required ☐ Goggles
☐ Overhead Obstruction Precautions ☒ Proper Mats / Cribbing ☐ Protection from Underground Utilities / Excavations
☐ Other *Anyone can stop*

Will Hands on Load be required? ☐ Yes ☒ No If yes, has a Hands on Hazard Analysis form been completed? ☐ Yes

[illegible]



Job Safety Analysis



Date / Time 1/6/19 Customer De Duns Location West creek Equipment # 120-03
 Safety Shower / Eye Wash Location First aid kit Assembly Area Road / Parking lot
 Task to be Performed: Support C25

Steps to Complete the Task	Hazards Associated with the Task	Methods of Eliminating Listed Hazards
<u>Inspect</u>	<u>Damaged / worn PPE</u> <u>Cable, rigging, etc.</u> <u>walk and documentation</u>	<u>Prework inspection of</u> <u>all gear and equipment</u> <u>documentation and communicate</u> <u>safe work plan.</u>
<u>Support</u>	<u>- Slips, trips, falls from</u> <u>ladders / equipment.</u> <u>- Damaged loads</u> <u>- Pinch point line of</u> <u>fire</u> <u>- Rehydration</u>	<u>3 points of contact and</u> <u>safe climbing ladders.</u> <u>Barricade lift zone / 100' radius</u> <u>Stay clear of danger</u> <u>zones.</u>
<u>Everyone</u>	<u>has stop work</u>	<u>authority</u>

Protection Needed to Perform Task Safely. (Check Box if Needed)

☒ Fall Protection ☒ Gloves ☐ LOTO Equipment ☒ Tag Lines ☐ Vests ☐ FRC ☒ Spotter ☐ Air Monitors
☐ Hearing Protection ☐ Rescue Equipment ☒ Swing Radius Protection ☐ Lift Drawings/Sketches ☐ Respirators (FIT Test)
☒ Area Barricades ☒ Pre-Task Equipment Inspections ☐ Power Line Precautions ☐ Permit Required ☐ Goggles
☐ Overhead Obstruction Precautions ☒ Proper Mats / Cribbing ☐ Protection from Underground Utilities/Excavations
 Other _____

Personnel (If Applicable List Names in Spaces Provided)

Are all personnel involved qualified/certified for the task? ☐ Yes ☐ No Supervisor _____
 Crane / Equipment Operator Jason Rich Signal Person Chris Spotter _____
 A/D Supervisor _____ Rigger Chris Other _____
 Will a personnel basket be used ☐ Yes ☒ No If yes has the man basket permit been completed ☐ Yes

Attendees must sign in (and initial out if applicable) ☒ Check Box if Fall Protection Equipment was Issued & Ins

Name	/	Company	Name	/	Company
<u>Jason Rich</u>		<u>TNT</u>			
<u>Ryan Taylor</u>		<u>TNT</u>			